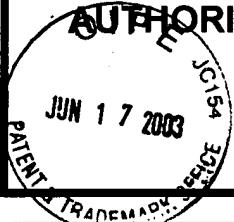


**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**


Application Number	09/966,390
Filing Date	9/27/2001
First Named Inventor	Zhang, Lei
Title	Electrically Assisted Topical Delivery of Agents for Cosmetic and Dermatological Applications
Group Art Unit	3762
Examiner Name	Mark W. Bockelman
Attorney Docket Number	GTI-1400-CON1

H/14
J. Webb
7/16/03

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Name	Registration Number
Daniel M. Chambers	34561



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JUN 19 2003

 Assignee of record of the entire interest. See 37 CFR 3.71.

TECHNOLOGY CENTER R3700

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Genetronics, Inc.
Signature	
Date	6/21/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of _____ forms are submitted.



3762

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM		Application Number	09/966,390
		Filing Date	Sep 27, 2001
		First Named Inventor	Zhang, Lei
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	2	Attorney Docket Number	GTI-1400-CON1

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Post Card
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